## LODGING VENDOR'S LICENSE APPLICATION

| 1.  | TYPE OF BUSINESS   |
|-----|--|
| 2.  | NAME OF BUSINESS   |
| 3.  | NAME & ADDRESS OF OWNER OF BUSINESS  |
| 4.  | NAME & ADDRESS OF OPERATOR OF BUSINESS   |
| 5.  | TELEPHONE NUMBER   |
| 6.  | TOTAL NUMBER OF AVAILABLE LODGING ACCOMMODATIONS (i.e. rooms, RV spaces, Campsites)  |
| 7.  | Number of accommodations which rent for less than \$2.00 per day   |
| 8.  | NUMBER OF ACCOMMODATIONS PERMANENTLY LEASED FOR PERIODS IN EXCESS OF 30 DAYS   |
| 9.  | ACCOMMODATION RATE (Please state each rate for which you rent accommodations and the number of accommodations which rent for each rate.) |
|     |  |
| SIG | NATURE OF APPLICANT  |
| DAT | TE OF APPLICATION  |
| API | PLICATION APPROVED   |
|     | Lincoln County Manager   |
| DA  | TE OF APPROVAL   |
| (I  | Return completed application to: County of Lincoln, P O Box 711, Carrizozo, NM 88301)  |